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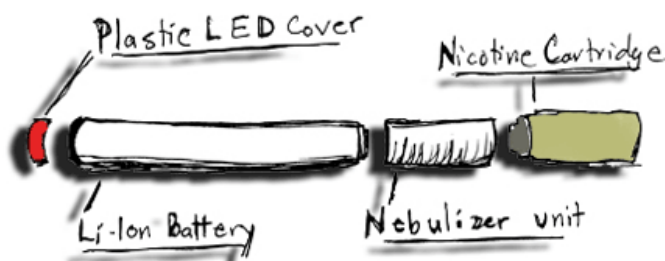
Third-hand smoke

A new hazard for families.

The cigarette E-volves

by Michael Leon-Guerrero

The e-cigarette, maybe you've heard of it. No, it isn't a virtual cigarette to send by email (although that would be safer!) but an electronic device meant to simulate smoking by delivering vaporized nicotine to the user. In order to mimic smoking, e-cigarettes typically release smoke similar to that made by fog machines. A red indicator light at the end of the device imitates the ash of a cigarette. So far, e-cigarettes have been made in flavors like mint and chocolate.



The creation and marketing of the e-cigarette brings up two main areas of controversy. First, what is the product intended for? Can it help people quit smoking? Or does it make it easier to continue to smoke because it is allowed in places that don't allow lit smoking products? The second major question is about safety. So far, no e-cigarette devices have FDA approval to be marketed in the United States. The makers, however, maintain that it is safe and continue to sell it.

Here's what we know at the Tobacco Prevention Program.

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Public Health
Seattle & King County 

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Is the e-cigarette safe? Is it safer than cigarettes? We don't know.

The makers of e-cigarettes have not released any studies that show the product is safe. A CEO of one of the companies that makes e-cigarettes told CNN in March that he was "pretty sure" the product was safe, adding, "it is a pretty new product, so we are not 100 percent sure of the side effects at this point." At this point, the product's safety is the speculation of the manufacturers and not confirmed by scientific review.

Do e-cigarettes help people quit smoking? Again, e-cigarettes have not undergone the study that other nicotine replacement therapies (like the patch or gum) have before hitting the market. The World Health Organization (WHO) stated in a news release in September 2008 that it does not consider the electronic cigarette to be a legitimate smoking cessation aid. The news release was in response to e-cigarette marketers using the WHO logo on their websites and packaging without permission.

Does the e-cigarette contain nicotine? Yes. A small lithium battery atomizes a liquid solution of nicotine, which the user inhales. Nicotine is the addictive chemical in tobacco.

Does the e-cigarette cause cancer? We don't know. Marketers of the product claim it does not. However no studies support this claim.

Who is the e-cigarette being marketed to? The e-cigarette companies clearly have the youth and adult markets in mind. With cool mall kiosks and fruity flavors like strawberry and chocolate, the e-cigarette industry is following trends set by big tobacco to attract the youth market. However, youth may find the product unaffordable (it is up to \$150 for some models, and about \$20 for disposable models).

Current adult smokers may buy the e-cigarette based on health claims. Desperate smokers, searching for way to quit, may see the e-cigarette as the perfect answer for getting nicotine without the other ingredients in cigarettes. However the e-cigarette has not been researched as a smoking cessation aid, again bringing up the lack of any research on this product.

Other smoking adults may see the e-cigarette as a way to dodge smoking bans, as marketers emphasize. Business owners and managers can still ban the product within their establishment.

Many public health officials see the e-cigarette as the perfect storm; a product untested for safety, unproven as a cessation aid, perhaps fun and flavorful, but that contains the same addictive components of regular cigarettes. Before e-cigarettes can be deemed safe to use or effective as cessation aids, they need to go through the review that other nicotine replacement products have undergone to get

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Higher taxes reduce the rate of cigarette consumption



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Federal tobacco tax tops one dollar

by Sarah Ross-Viles

The Children's Health Insurance Program Reauthorization Act of 2009 was signed into law by President Obama in February 2009. The Act provides a \$0.62 federal excise tax increase per pack of cigarettes starting April 1, bringing the total federal excise tax per pack to \$1.01. The Act also raises taxes on all other tobacco products, making the excise tax for small cigars and roll your own tobacco equal to cigarettes. Revenue from the Act will go to the Children's Health Insurance Program which funds insurance programs for low-income children administered by the states, including Washington. The Act will help insure an additional four million children around the country.

Tobacco taxes raise revenue for the state and nation and they also increase the number of people who try to quit. The Campaign for Tobacco Free Kids reports that for every 10% price increase on cigarettes, adult smoking decreases by 3-5% and youth smoking

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decreases by 7%. The Children's Health Insurance Program Reauthorization Act could be especially effective in reducing youth rates because it increases the price of small cigars. Use of small cigars like Black and Milds and Swisher Sweets is rising among youth, in part because these products are typically less expensive than cigarettes. Studies on tobacco purchase behavior show that youth are very price-sensitive, and the small cigar price increase could help to curb the products' popularity.

In a few short months, the recent tax bump already has increased demand for cessation resources. For example, the Michigan state tobacco quit line was able to offer free nicotine replacement products for only five days in March before 65,600 calls overwhelmed the quit line's resources. Many of the callers were trying to quit with free help before the tax increase. Some were already seeing the increase. Philip Morris, maker of Marlboros and Virginia Slims, had already increased pack prices by \$0.71 in the beginning of March.

Washington's Quitline (1-800-QUIT-NOW) does not currently offer free nicotine replacement to the general population, though people insured through Medicaid and some private insurance can receive free medications from the Quitline. The Quitline continues to offer a free counseling session and a Quit Kit to all callers. Calls to the Washington Quitline are expected to increase with the increased tax, like quitline calls in the rest of the country.

The federal tax of \$1.01 per pack is in addition to Washington's state tobacco excise tax of \$2.025. Washington has the fifth highest tax rate among the 50 states. Washington law, however, does not allow cities and counties to apply their own taxes. Other cities have been successful in generating revenue in this way including New York (city and state taxes add to \$4.25 a pack) and Chicago (city plus county plus state tax equals \$3.66 per pack). Washington last increased the state excise tax in 2005 by \$0.60.

Some people are concerned that taxes on tobacco disproportionately affect those of lower-income, who are more likely to be addicted to smoking and therefore purchase more tobacco. These people are often hit hardest by tobacco use as well since it uses up a greater portion of their income. In King County, smoking rates increase as family income decreases. In response, Public Health's Community Tobacco Cessation Partnership focuses on training staff at agencies and clinics that serve low-income people in King County about how to help clients quit tobacco.

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Does it seem ironic that you can purchase asthma and COPD medicines in the same place you can also pick up a pack of cigarettes? Today's drugstores and



pharmacies offer their customers a one-stop shopping experience, selling a wide variety of products and services. Theoretically their core values are grounded in helping their customers achieve health and well-being. One chain drugstore's mission is to "offer everyday products and services that help our valued customers lead healthier, happier lives." This chain, similar to almost all pharmacy chains in Washington sells tobacco products - the leading cause of preventable death in the U.S. and the only product, when used as directed, will kill at least half of its users.

An obvious contradiction exists when pharmacies and drugstores position themselves as "businesses of health" but sell a product that is responsible for so much ill health. Selling tobacco products is also in direct conflict with pharmacists' professional obligations to their patients. As one of the most trusted sources of healthcare information, drugstores and pharmacies have a responsibility to live up to the values that they work so hard to promote. They should take action in order to fully realize their ultimate mission: to help their customers lead "healthier, happier lives."

THE WASHINGTON STATE TOBACCO-FREE PHARMACIES PROJECT

Realizing the conflicts that tobacco sales in pharmacies creates, the Tobacco Prevention Program has partnered with members from the UW School of Pharmacy, the WSU College of Pharmacy, and the Washington State Pharmacy Association to develop a campaign which aims to get pharmacies and drugstores to voluntarily discontinue the sale of tobacco and to encourage pharmacists to regularly offer cessation counseling to their patients who use tobacco. The campaign will be developed with findings from a series of assessments that collected information about opinions, attitudes and practices regarding tobacco sales in pharmacies and cessation counseling.



Three phases of assessments were performed between July 2008 and January 2009: 1) web-based, anonymous census survey of UW and WSU pharmacy students (n=224), 2)

in-depth interviews with regional store and pharmacy managers (n=13), and 3) a survey of a random sample of Washington pharmacists and pharmacy technicians (n=176).

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Some general themes that emerged from these assessments:

- Students, managers and pharmacists don't approve of tobacco sales in pharmacies;
- They acknowledge the conflict between selling tobacco, a pharmacy's mission and/or values and the pharmacists' professional obligations. One student commented, "It's like selling donuts at a fitness club."
- Pharmacists should be playing a more active role in tobacco cessation activities, but aren't currently active in this role.
- Time is among the largest barriers to providing smoking cessation counseling
- Pharmacists and students preferred not to work in locations that sell tobacco;
- Pharmacists and students believe that relationships with customers would not be affected if tobacco products were no longer sold in their location. They think any effect would be a positive one.
- Many express feelings of fear about lost revenue if tobacco products were no longer sold

The Tobacco Prevention Program is developing outreach materials which address some of the issues and misperceptions of discontinuing tobacco sales and offering tobacco counseling. We will work closely with our coalition members to disseminate relevant messages to Washington pharmacists and pharmacy students to fuel statewide culture change in how pharmacies approach tobacco.

If you are interested in being a part of the Washington State Tobacco-Free Pharmacies coalition, please contact the Tobacco Prevention Program at Tobacco.Prevention@kingcounty.gov.

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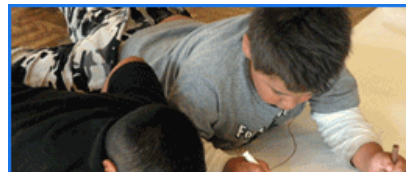
Public Health programs team up for HeadStart

by Paul Zemann

The Asthma and Tobacco Prevention Programs of Public Health have teamed up to snuff out a leading asthma trigger for families enrolled in Head Start and Early Childhood Education and Assistance Program (ECEAP). Asthma is the most common chronic childhood disease and is of disproportionate prevalence in low income groups -- the population that Head Start/ECEAP serves. Some studies report that as many as 40% of children enrolled in ECEAP or Head Start suffer from some form of asthma.

Tobacco smoke is a known trigger for asthma attacks, yet many children with asthma are routinely exposed to secondhand smoke in their homes. By taking actions to reduce exposure to asthma triggers and making their homes and cars smoke-free, families can help prevent serious health risks such as frequent and severe asthma attacks among asthmatic children, upper and lower respiratory tract infections, and acute middle ear infections.

Public Health's Tobacco Prevention and King County Asthma Programs are working with Puget Sound Educational



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Service District (ESD) to support Head Start and ECEAP Centers in helping families take control of asthma and the



triggers that make symptoms worse. Head Start and ECEAP leaders see the children's health at the center of their work and are happy to have this information. At a recent day-long training for King and Pierce County ECEAP and Head Start staff, one center director remarked that, "all the information I received today will be much appreciated by our parents. I will share everything I learned." This sentiment was echoed by other teachers and family support workers who enthusiastically committed to share the information during home visits, "especially with those families who live with this problem every day".

Dozens of ECEAP and Head Start Centers are embracing the new tools and outreach techniques offered through the partnership of Puget Sound ESD and Public Health, called Smoke-free Living for a Healthy Family. This partnership supports staff in outreach to parents about the health effects of exposure to secondhand smoke including asthma, bronchitis, pneumonia, and ear infections. The Partnership is working for families too. According to one family specialist, "We provide educational information to our families on a wide range of topics. Often we're left to wonder if the information we distribute is effective, but we've received positive feedback from parents who appreciated the smoke-free living information". Based on positive responses such as these, the Partnership continues to grow in King County. Five new education centers will start outreach in 2009.

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by Paul Zemann

Adapted from Roni Caryn Rabin's article "A New Cigarette Hazard: 'Third-Hand Smoke'" published in the New York Times on January 2, 2009

Many parents who smoke avoid smoking when their children are in the room. They open a window or turn on a fan in order to get the smoke out. However, current research concludes that smoke doesn't go away with the fan or the window. The hazardous particles from smoke settle into clothing, furniture and other materials creating what experts are calling third-hand smoke.

Third-hand smoke describes the invisible yet toxic brew of gases and particles clinging to smokers' hair and clothing, not to mention cushions and carpeting, that lingers long after second-hand smoke has cleared from a room. Up to 90 percent of smoke that smoker's exhale can stick to upholstery, clothes, carpet, and drapery.

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You may have smelled third-hand smoke before, when a smoker gets in an elevator after going outside for a cigarette or in a hotel room where people have been smoking.

The leftover toxins and residue includes heavy metals, carcinogens and even radioactive materials that young children can get on their hands and ingest, especially if they're crawling or playing on the floor. Just like secondhand smoke, children who are exposed to these toxins have greater chance of contracting ear and respiratory infections, asthma, and other illnesses.

Researchers at Mass General Hospital for Children in Boston conducted a survey of 1,500 households across the United States. Some 95 percent of nonsmokers in the survey and 84 percent of smokers agreed with the statement that "inhaling smoke from a parent's cigarette can harm the health of infants and children." But far fewer of those surveyed were aware of the risks of third-hand smoke. Since the term is so new, researchers instead asked people if they thought "breathing air in a room today where people smoked yesterday can harm the health of infants and children." 65 percent of nonsmokers and 43 percent of smokers agreed with that statement, which researchers interpreted as acknowledgement of the risks of third-hand smoke. The results of the survey were published in the January issue of *Pediatrics*.

The central message here is that no risk-free level of smoking exists; opening doors and windows or even going outside to smoke does not protect kids from the effects of smoke. Carcinogens and other poisons (more than 200) in third-hand smoke create health hazards for people of any age who comes into contact with it.

To protect your kids, other family members and even the family pet, get help and stop smoking. Doctors advise smokers to wash their hands and face before interacting with others, especially children. If you can't stop yet, do not smoke around kids - indoor or outdoors, and do not smoke in your car or home, even when you are alone. Call the WA Tobacco Quitline (1-800-QUITNOW) or talk to your doctor today and get started on the road of becoming tobacco free.